Uninsured Veterans
and the Veterans Health Administration
Enrollment System
2003

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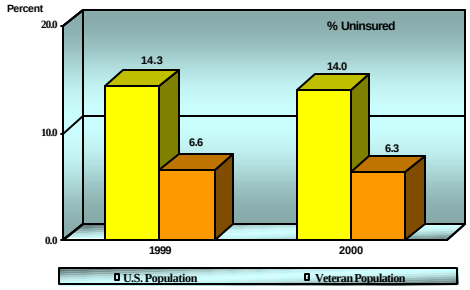
Introduction

The VHA Enrollment System is part of the ongoing restructuring of VA health care, and over 6 million veterans are now VHA-enrolled. However, as with veterans in the veteran population, many enrolled veterans are uninsured. Over the long term, the number of uninsured veterans in the veteran population has been decreasing and the number of uninsured enrollees in the VHA Enrollment System has been increasing. In this paper, linear regression techniques are used to look ahead to 2003 to try to gauge the impact of these competing trends on the historical role of VA as a "safety net" health care provider for veterans in need.

Part I: Some 38.7 million Americans (14.0% of all non-institutionalized persons in the U.S.), including 1.6 million veterans (6.3% of all non-institutionalized veterans), were without any health insurance coverage at all during all of calendar year (CY) 2000.

These latest data represent decreases from the equivalent uninsurance levels of the previous year, CY 1999, when some 39.3 million Americans (14.3% of all U.S. non-institutionalized) and 1.7 million veterans (6.6% of all U.S. non-institutionalized) were uninsured during the entire year (**Chart 1**, **Chart 2**).

Chart 1. U.S. Population, Veteran Population
Percent Uninsured (Adjusted)
1999 - 2000



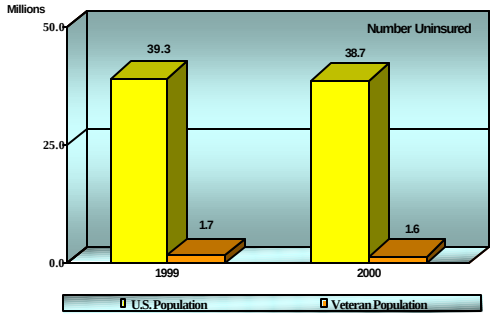
Sources: March 2000 and March 2001 Current Population Surveys; Veteran Population 2000 Model

These full-year uninsurance data (**Chart 1**, **Chart 2**) are the latest Bureau of the Census measures on uninsurance in the United States and are **adjusted** to reflect recent changes in the health insurance coverage probes[1, 2] in the Current Population Survey, which is Census' primary health insurance data collection instrument. Here is some clarification as to what is meant by **adjusted** and **unadjusted** rates: in March 2000 and March 2001, and in addition to the ordinary March CPS probes for health insurance coverage, Census included health

insurance verification probes in the CPS questionnaire, to re-probe people who said they had no coverage at all during the previous calendar year. Thus, uninsurance rates which are computed irrespective of the verification probes are called **unadjusted** rates, and uninsurance rates which are computed based on the regular CPS health insurance probes in combination with the verification probes are called **adjusted** rates. Also, since the verification probes are new to CPS as of March 2000 (CY 1999 coverage), the CY 1999 and CY 2000 health insurance coverage data reported here, begin **a new trend series of adjusted rates and numbers** that will be followed over time.

Note: Various health insurance data sources are used or referred to in this paper. The primary data source is the Current Population Survey (CPS), a monthly survey of civilian non-institutionalized persons in the U.S., conducted by Census for the Bureau of Labor Statistics. An additional data source is the 1999 Veterans Health Administration (VHA) Survey of Veterans Enrollees' Health and Reliance Upon VA. Another VHA survey, namely the 1999 VHA Office of Quality and Performance Large Survey of Enrollees was done about the same time as the smaller VHA OPP survey. Since results of the VHA OPP and VHA OQP surveys are largely in agreement and there is no dataset for the VHA OQP survey that is freely available for analysis, only the VHA OPP survey data are used this paper[3, 4]. The VHA OPP survey is discussed in more detail below.

Chart 2. U.S. Population, Veteran Population
Number Uninsured (Adjusted)
1999 - 2000

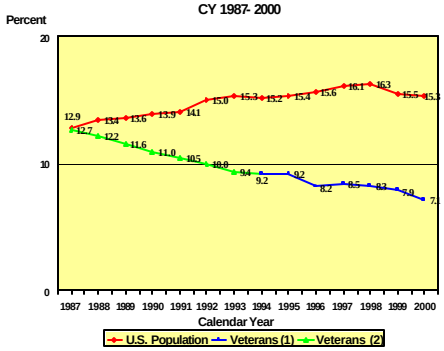


Sources: March 2000 and March 2001 Current Population Surveys;

Part II: U.S. population uninsurance rates have reversed a multi-year trend of increasing rates; veteran population uninsurance rates continue a long-term decreasing trend; and both of these trends are expected to continue.

Adjusted data (**Chart 1**, **Chart 2**), reflecting a full-year of lack of health insurance coverage, as verified through the CPS verification probes, were used above to underscore the seriousness of health insurance coverage problems in the U.S., as well as for veterans and for VA. However, equivalent adjusted data for years earlier than CY 2000 do not exist, and so, for analyses of long term trends, it is necessary to examine historical **unadjusted** data (**Chart 3**).

Chart 3. U.S. Population, Veteran Population:
Long-Term Trends
in the Percent Uninsured
(Unadjusted)
CY 1987- 2000



Sources: US. Population (March 1988-2001 CPS data); Veteran Population (March 1995-2001 CPS data, 1993 National Survey of Veterans (SOV IV), 1987 National Survey of Veterans (SOVIII), and trending for CYs88-92). (Note: CPS data are CY; other data are point-in-time estimates and may be higher than equivalent full-year rates.)

According to the Current Population Survey, the **unadjusted** total number and percent of Americans who were without any health insurance coverage at all during the entire year dropped from 42.6 million (15.5%) in CY 1999 to 42.3 million (15.3%) in CY 2000. This represents the continuation of a reversal in trend that began one year earlier; from CY 1998 through CY 2000, uninsurance rates have been dropping, whereas, from CY 1987 through CY 1998, they increased.

On the other hand, the **unadjusted** total number of veterans who were without any health insurance coverage during the entire year continued a long term decline, from 2.0 million (7.9%) in CY 1999 to 1.8 million (7.1%) in CY 2000.

National full-year uninsurance trends and rates are lower for veterans than for the U.S. population for many reasons. In particular, the reported U.S. population rates include women

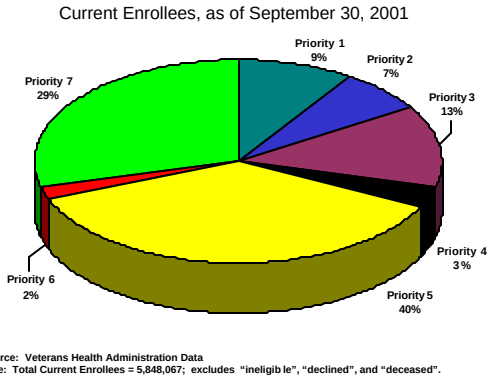
and children, while veteran rates reflect a population that is predominantly (95%) male. The overall U.S. rates, in particular, reflect: improvements in employer-based coverage during the expanding economy of the 1990's that were offset by declines in State-subsidized insurance such as Medicaid that had been occurring prior to 1996 Welfare Reform; further declines in Medicaid after 1996 Welfare Reform offset improvements in employer-based coverage even more; population growth also contributed; but the moderating of declines in State-subsidized coverage and the introduction of the State Health Insurance Program (SCHIP) in the late 1990's resulted in more children being covered. On the other hand, male veterans are about 16 years older[5, 6] on average than their adult male non-veteran counterparts. Veterans are also more likely to be in their peak earning years, have job training, vocational training, and a variety of other opportunities and resources, and compare favorably on health insurance and other socioeconomic measures[5, 6, 7] to their non-veteran counterparts. However, aging is the most profound factor affecting veteran trends and, as they age, more and more veterans, particularly "near elderly" veterans (i.e., veterans age 50 - 64 who may retire early and lose private coverage until age eligible for Medicare, etc.), are retiring and/or obtaining Medicare coverage, even if they were uninsured before.

The recent decline in U.S. population uninsurance rates and the long-term decline in veteran uninsurance rates shown in **Chart 3** are expected to continue,[8, 9, 10] **although U.S. population growth may cause the actual numbers of uninsured Americans to increase even as overall U.S. uninsurance rates decrease. The rest of this paper will focus on the veteran data and trends.**

Part III: The Veterans Health Administration (VHA) Enrollment System was mandated by Congress to help VA stay within its budget while it implemented major eligibility reforms to afford veterans a comprehensive package of services; enrollment participation by veterans is high and continues to grow.

The VHA Enrollment System was mandated by Congress (*Veterans Health Care Eligibility Reform Act of 1996*, P.L. 101-262) as a tool to manage the major eligibility reforms. Enrollment priorities were conceived as a method to help VHA stay within its appropriation and other resources, as VA care is not an entitlement like Medicare. As a result of the Act, (most) veterans must be enrolled in order to obtain VA health care. They are assigned to one of seven distinct enrollment priority groups and subsequently enrolled (Chart 4). They have access to a comprehensive range of benefits and services (VHA's "Medical Benefits Package"[11]). Some of the veterans who do not have to enroll include veterans who: (i) have a service-connected compensation rating of 50% or greater, (ii) have been discharged in the past year for a compensable disability that VA has not yet rated, or (iii) want care for a service-connected disability.

Chart 4



Source: Veterans Health Administration Data
Note: Total Current Enrollees = 5,848,067; excludes "ineligible", "declined", and "deceased".

Annually, VA assesses whether it will have the resources to meet the demand for care by veterans in all priorities. If, based on the Secretary's annual enrollment decision,[12, 13] it cannot, then VA may not continue to enroll veterans in the lowest level of priorities. However, for the last four years, VA has been able to open the VA health care system to all veterans, even higher income veterans, if they are willing to make co-payments. Other potential management efficiencies that might be achieved are also considered in the annual enrollment decision.

As of September 30, 2001, there were some 24,911,226 living veterans in the U.S. and P.R. and as of September 30, 2001, some 5,848,067 veterans (about 23% of all veterans living in the U.S. and P.R.) were enrolled in the VHA Health Care System. The existing Priority 7 includes

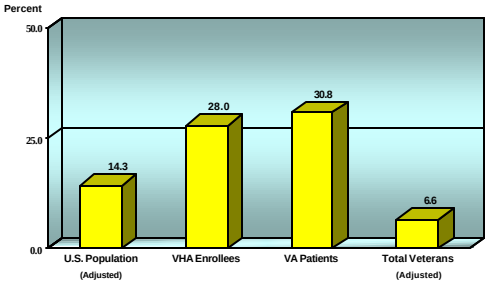
"higher income" non-service-connected veterans, who account for about 29% of all September 30, 2001 VHA enrollees. Also, the veteran population is declining over the next 10 years, but older age groups are increasing, trends that will have tremendous impact on VA.

Since the inception of VHA Enrollment, the number of Priority 7 veterans has shown the largest increase, both in absolute numbers and percent. They are, however, the lowest cost enrollees since they have other eligibilities and insurance and rely to a lesser degree on VA than enrollees in other priorities. They may be coming to VA to bridge gaps in their insurance coverage or to reduce their out-of-pocket costs. Based on the enrollment projections, developed for the Secretary's annual enrollment decision,[12, 13] enrollee demand shows no sign of decreasing, with a 31% increase in the number of enrollees from 6.1 million in 2002 to 8.0 million in 2010. Most of the increase is due to increases in Priority Category 5 and 7 enrollees. The latest VHA enrollment projections (as of September 2001) show VHA enrollment will continue to increase through 2010 and expenditures will also continue to rise, if no constraints are implemented and if resources (supply) can meet the projected demand.

Part IV: Veterans Health Administration enrollees and patients are very highly likely to be uninsured.

As we saw earlier, some 1.7 million veterans, or about 6.6% (adjusted) of the total veteran population were uninsured during all of calendar year 1999. The 1999 VHA Office of Policy and Planning (OPP) Survey of Veterans' Health and Reliance upon VA[3, 4] **(also, see "NOTE" above)** provides us related information on VHA enrollees and patients. The 1999 VHA OPP telephone survey had n=19,686 total respondents. **Chart 5 c**ompares uninsurance data on enrollees and patients from the 1999 VHA OPP enrollee survey with (adjusted) CY 1999 data on the veteran population from the March 2000 CPS. Point-in-time estimates (approximately, as of February 1999) from the 1999 VHA enrollee survey show point-in-time uninsured among enrollees to be about 28% of all enrollees and about 31% of all patients.

Chart 5: U.S. Population, VHA Enrollees, VHA Patients, and Total Veterans
Percent Uninsured
1999



Sources: March 2000 Current Population Survey; 1999 VHA OP&P Survey of Enrollees.
Note: CPS data are adjusted full-year data for CY 1999; VHA OPP Survey data are as of March 1999; U.S. population data are for all ages; all other dat a are for persons age 18 or over.

Part V: As of February 1999, some 1.0 million VHA enrollees were uninsured and the (adjusted) upper limit in VA market share of uninsured veterans is about 59%, underscoring the role of VA as a safety net provider for many at-risk veterans

Since the VHA OP&P survey mentioned above was a survey of some 3,621,000 enrollees (as of February 1999), the observed 28.0% point-in-time uninsurance rate translates into a figure of about 1.0 million uninsured veteran enrollees. Since point-in-time VHA uninsured enrollees (numerator of market share) may be higher than corresponding full-year equivalent all veteran uninsured (denominator of market share), these data suggest that an upper bound for the (adjusted) VA market share of uninsured veterans is 59.0%. In light of the current health insurance coverage environment in the U.S., the fact that VHA is the largest health care system in the U.S., and the fact that VA has such a high market share of uninsured veterans, VA must be placed squarely at the center of national debates concerning the future of health care and health insurance coverage for Americans, particularly veterans. Access to as well as quality and equity of VA health care for veterans are related critical issues.[14, 15]

Part VI: Projecting Adjusted and Unadjusted Full Year Uninsurance Rates Of Veterans Using Simple Linear Regression Techniques

In this section, it is necessary to clarify what is meant by **adjusted** and **unadjusted** uninsurance rates, and, therefore, text from pages

1 and 2 above is repeated here: in March 2000 and March 2001, and in addition to the ordinary March CPS probes for health insurance coverage, Census included health insurance verification probes in the CPS questionnaire, to re-probe people who said they had no coverage at all during the previous calendar year. Thus, uninsurance rates which are computed irrespective of the verification probes are called **unadjusted** rates, and uninsurance rates which are computed based on the regular CPS health insurance probes in combination with the verification probes are called **adjusted** rates. Also, since the verification probes are new to CPS as of March 2000 (CY 1999 coverage), the CY 1999 and CY 2000 health insurance coverage data reported here, begin **a new trend series of adjusted rates and numbers** that will be followed over time.

The data of **Chart 3** show the major long-term trends in the **unadjusted** rate of full-year uninsured for the U.S. population and for veterans overall. It is evident from the chart that these divergent trends have strong linear components, and this is particularly so for the veteran data where aging is the greatest single factor in uninsurance rates. With this in mind, we can focus on the veteran data and seek a way to extrapolate the plotted veteran rates of **Chart 3** forward, to get an idea what the uninsurance rates for veterans might look like beyond CY 2000 (March 2001 CPS). At this writing, we are now in CY 2002, and we take cognizance of the fact that error in longer-term projections increases with time, so we will restrict our interest to trending to CY 2003.

Furthermore, a linear trend in the veteran data between 1987 and 1993 has already been hypothesized and included in **Chart 3**, so we further restrict analysis of the veteran uninsurance rates of **Chart 3** to the period of CYs 1994 - 2000 (and the March 1995 - 2001 CPS) for actuals, and CYs 2001-2003 for the projected numbers.

The basic method of analysis is to project the **unadjusted** veteran rates for CYs 1994 – 2000 forward to CY 2003 and to compute the **adjusted** rate for CY 2000 from the March 2001 CPS. We then project the **adjusted** data both forward to 2003 and backward to 1999 (coincident with the time of the 1999 Survey of Enrollees).

The method of analysis makes use of the **Euclidean Parallel Postulate**, one of the basic axioms of Euclidean Geometry: i.e., **given a line and a point not on the line , there is one and only one line through the given point that is parallel to the given line**. Also inherent in our method is the assumption that trends in **unadjusted** veterans rates, when extrapolated in a linear fashion, will define a line whose slope is the same as the slope of a similar line extrapolated from the equivalent **adjusted** veteran rates. This is a reasonable assumption, since we expect that there is an estimable difference between unadjusted and adjusted uninsurance rates that is approximately the same from year to year; also, there has been some standardization of the CPS health insurance verification questions and processes.

Baseline Regression: Regressing Unadjusted Veteran Uninsurance Rates Forward

Chart 6 shows the **unadjusted** veteran uninsurance rates for CYs 1994 – 2000, the **adjusted** veteran uninsurance rate for CY 2000, and the result of regressing the **unadjusted** rates of CYs 1994 – 2000 forward to 2001 - 2003. The method makes use of the **weighted least squares linear regression** add-in to Microsoft Excel.

The data of **Chart 7** show the results of our baseline regression for projecting **unadjusted** veteran uninsurance rates forward. It is helpful at this point to mention that the linear regression process results in an estimated equation, **L1***, for a straight line, **L1**, that predicts **unadjusted** veteran uninsurance rates:

i.e., in terms of formulas, we estimate the trend in **unadjusted** veteran uninsurance rates,

L1: Y1 = a1 + b1*X

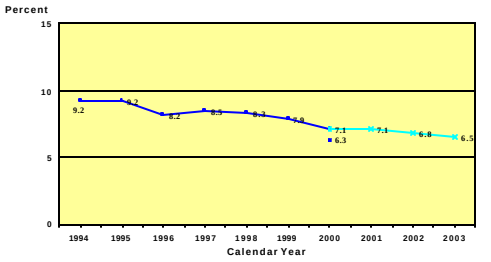
with the equation,

L1*: Y1* = (a1*) + (b1*)X,

where **a1* = 635.9714** and **b1* = -0.31429,**

from the Excel regression results in **Chart 7 below**.

Chart 6. Trend in Unadjusted Veteran Uninsurance Rates, CYs 1994 - 2003, and Actual Adjusted Veteran Uninsurance Rate for CY 2000



Sources: US. Population (March 1988-2000 CPS data); Veteran Population (March 1995-2000 CPS data, 1993 National Survey of Veterans (SOV-IV), 1987 National Survey of Veterans (SOVIII), and trending for CYs88-92). (Note: CPS data are CY; other data are point-in-time estimates and may be higher than equivalent full-year rates.)

Chart 7. Regression Results

SUMMARY OUTPUT

Regression Statistics

Multiple R	0.921479
R Square	0.849123
Adjusted R Square	0.818947
Standard Error	0.313506
Observations	7

ANOVA

	df	*SS*	*MS*	*F*	*Significance F*
Regression	1	2.765714	2.765714	28.13953	0.00318
Residual	5	0.491429	0.098286		
Total	6	3.257143			

	Coefficients	*Standard Error*	*t Stat*	*P-value*	*Lower 95%*	*Upper 95%*	*Lower 95.0%*	*Upper 95.0%*
Intercept	635.9714	118.3163	5.375182	0.003002	331.8303	940.1126	331.8303	940.1126
X Variable 1	-0.31429	0.059247	-5.30467	0.00318	-0.46658	-0.16199	-0.46658	-0.16199

The next step in our analysis is to use the results of the **L1/L1*** regression process to estimate an equation, **L0***, for a straight line, **L0**, that predicts **adjusted** veteran uninsurance rates.

Regressing Adjusted Veteran Uninsurance Rates Both Forward and Backward

We now use the results of the simple linear regression techniques of **Chart 7** to construct a linear trend line for the **adjusted** veteran uninsurance rates. To do this,

Consider:

L1: Y1 = (a1) + (b1)X

and

L0: Y0 = (a0) + (b0)X

where **L1** and **L0** are the simple linear regression equations for the trended **unadjusted** and **adjusted** veteran uninsurance rates, respectively.

We observe from **Chart 6** that (2000, 6.3) is a good estimate for a point on **L0**. This point on **L0**, recall, begins a new trend series of **adjusted** rates, as a consequence of inclusion by Census of health insurance verification questions in the CPS. (**NOTE**: Although Census included the new health insurance verification questions beginning in March 2000 (CY 1999), the March 2000 (CY 1999) CPS public use file does not have an indicator that allows computation of the **adjusted** rates, so our new trend series of **adjusted** rates for veterans really begins with March 2001 (CY 2000), even though the trend of **adjusted** rates for the U.S. population actually begins one year earlier with rates published by Census in official Census reports).

Since we have assumed **L0** is parallel to **L1** and that (2000, 6.3) is a point on the trend line for adjusted uninsurance rates, we have

b0* = b1* = -.314286 in

$Y0^* = (a0^*) + (b0^*)X$,

so that

$6.3 = (a0^*) + (b0^*)X_{2000}$

and

$6.3 = (a0^*) + (-.314286)(2000)$

and, therefore, **$a0^* = 634.872$**

That is, we have an estimate of the intercept term in our equation, **L0***. Thus, our estimated regression equation for **adjusted** veteran uninsurance rates is

L0*: $Y0^* = 634.872 + (-.314286)X$

We can now use this estimated equation **L0*** to obtain some estimates of **adjusted** veteran uninsurance rates. In particular, by **forward regressing**,

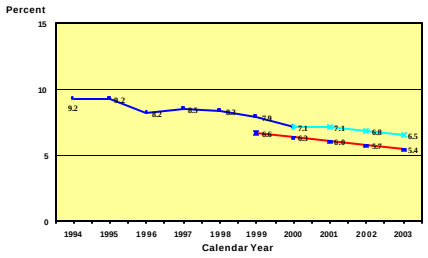
for X = 2001, we obtain Y0* = 6.0
and for X = 2002, we obtain Y0* = 5.7
and for X = 2003, we obtain Y0* = 5.4

However, we can also **backward regress** with the same estimated equation, **L0***, in order to estimate the percent of adjusted full-year uninsured veterans for CY 1999 with,

for X = 1999 in L0*, we obtain Y0* = 6.6

and, furthermore, we can plot all of these derived and trended rates (**Chart 8**).

Chart 8. Trends in Unadjusted Veteran Uninsurance Rates, CYs 1994 – 2003, and in Adusted Veteran Uninsurance Rates, CYs 2000 - 2003



Sources: US. Population (March 1988- 2000 CPS data); Veteran Population (March 1995-2000 CPS data, 1993 National Survey of Veterans (SOV -IV), 1987 National Survey of Veterans (SOV-III), and trending for CYs88- 92). (Note: CPS data are CY; other data are point -in- time estimates and may be higher than equivalent full-year rates.)

Chart 9 shows how the trended rates, i.e., **unadjusted** as well as **adjusted full-year uninsurance rates,** translate into projected numbers of uninsured veterans. Results of the **forward regression** of **unadjusted** rates and of the **forward and backward regressions** of **adjusted** rates are shown in the table.

Full-Year Uninsured (and Non-Institutionalized) Veterans, 2003

The data of Chart 9 provide us a snapshot of uninsurance for veterans in 2003, and approximately as of mid-year, i.e., June 30, 2003. In particular, the Chart shows that there will be some 1,299,705 full-year uninsureds among veterans in 2003.

These data require a few caveats. For example, the estimated numbers of uninsureds in **Chart 9** reflect non-institutionalized veterans only, since CPS is a survey of the civilian non-institutionalized population. Also, the veteran population figures upon which these estimates were calculated reflect the VA Veteran Population 2000 (Vet Pop 2000) model, and are contingent upon the assumptions inherent therein. An additional assumption is that the March CPS data on veterans (from the CPS veteran probe) each year should reflect veteran population model data estimates of the count of civilian non-institutionalized veterans in the 50 states and D.C.

Most importantly, full-year uninsurance rates are lower than corresponding point-in-time uninsurance rates, and it behooves us to examine the relationship between full-year and point-in-time rates to better understand the veteran uninsurance issue.

Chart 9
CPS Full-Year Uninsurance:
Unadjusted and Adjusted Rates and Numbers

Veteran Uninsurance					
	Actual CY 1999 (Mar 2000 CPS)	**Actual CY 2000 (Mar 2001 CPS)**	**Projected CY 2001**	**Projected CY 2002**	**Projected CY 2003**
Unadjusted Rate	7.9%	7.1%	7.1%	6.8%	6.5%
6/30 Vet Pop #	25,757,063	25,453,121	24,999,449	24,536,924	24,068,609
Unadjusted Uninsured #	2,034,808	1,807,172	1,774,961	1,668,511	1,564,460
	Projected CY 1999 (Mar 2000 CPS)	**Actual CY 2000 (Mar 2001 CPS)**	**Projected CY 2001**	**Projected CY 2002**	**Projected CY 2003**
Adjusted Rate	6.6%	6.3%	6.0%	5.7%	5.4%
6/30 Vet Pop #	25,757,063	25,453,121	24,999,449	24,536,924	24,068,609
Adjusted Uninsured #	1,699,966	1,603,547	1,499,967	1,398,605	1,299,705

Part VII: Full-Year Uninsured vs. Point-in-Time Uninsured (Calendar Year Uninsured vs. Current Uninsured) and the Impact Upon Total Veteran and VHA Enrollee Uninsurance Rates

Full-year uninsurance and point-in-time uninsurance data have both been presented in this paper. It is essential to note that point-in-time uninsurance rates will generally be higher than full-year rates because anyone uninsured for the full calendar year will have been uninsured at every point-in-time during the calendar year. The question arises as to what the difference between the full-year and point-in-time rates might be.

There are little data available, but in CY 1992, the Survey of Income and Program Participation (SIPP) [16, 17, 18] showed that about 20% of the U.S. civilian non-intstitutionalized population had a coverage lapse during 1992, while CPS data (March 1993 CPS) for CY 1992 showed that about 15% of the U.S. population was uninsured the full-year.[1] Thus, any point-in-time rate during CY 1992 could be construed to have been as much as one-third (33%) higher than the corresponding full-year rate for CY 1992.

These data are not particularly recent, are **unadjusted**, and are only rough estimates. Nevertheless, the number of uninsured persons at any point in time, such as the point-in-time uninsured VHA enrollees of the 1999 VHA enrollee survey, might be considerably higher than any full-year rate alone might otherwise suggest. This means that there could be far more uninsured VHA enrollees than the CPS data of **Chart 9** alone might suggest (**Chart 10**, **Chart 11**). That is, point-in-time uninsured enrollees might easily outnumber full-year uninsured veterans overall.

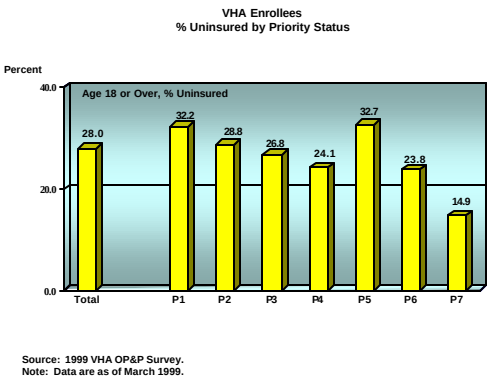
Even with declining veteran uninsurance rates, VHA enrollment has increased dramatically over the last four years, and we would expect the total number of uninsured VHA enrollees in 2003 to be higher than at any other time in history, numbering well over one million.

Part VIII: Uninsurance of VHA Enrollees by Priority

Charts 10 and 11 show data on the uninsurance status of VHA enrollees, from the 1999 VHA Survey of Veterans' Health and Reliance Upon VA.[3] At this writing, a 2002 update and improvement on the 1999 enrollee survey is being fielded, and the 2002 data which are the equivalent to the 1999 data on uninsurance are not yet available. The data from the 1999 enrollee survey and the ongoing 2002 enrollee survey are approximately of the same time period, March of the survey year.

As Chart 10 shows, Priority 5 veterans are generally "lower income" and are the least likely to be covered. Priority 7 veterans are generally "higher income" and the most likely to be covered. However, even veterans with health insurance coverage or other eligibilities are coming to VA. As enrollees of all priorities age and increasingly depend on Medicare insurance, veterans continue to seek VA care for gaps in their insurance coverage such as pharmacy, long-term care, or to reduce their out-of-pocket costs for an expensive insured benefit. Also shown in Chart 11 are data from the latest VHA enrollment projections[13]; the enrollment projections are fiscal year based but are here interpolated to March of 2003 to be consistent with the time period of the enrollee surveys.

Chart 10



Source: 1999 VHA OP&P Survey.
Note: Data are as of March 1999.

SUMMARY

Even with declining veteran uninsurance rates, VHA enrollment has increased dramatically over the last four years, and it is expected that the total number of uninsured VHA enrollees in 2003 will be higher than at any other time in history, numbering well over one million. There will be data soon from the 2002 VHA Survey of Veterans' Health and Reliance Upon VA which, with past data from the 1999 enrollee survey and projections of future (2003) enrollment, will provide us more information on uninsured veterans who are enrolled in the VHA Enrollment System.

Chart 11. Point-in-Time Uninsured VHA Enrollees, and Projected Total VHA Enrollees

	Mar-99 _1/		Projected Mar-03_2/
	% Uninsured	# Uninsured	Projected Enrollees
Total	28.0	1,013,046	6,598,880
P1	32.2	131,771	517,012
P2	28.8	82,182	399,424
P3	26.8	138,847	835,488
P4	24.1	23,140	168,286
P5	32.7	527,914	2,372,204
P6	23.8	13,044	147,581
P7	14.9	96,148	2,158,887

_1/ From the March 1999 VHA OPP Survey of Enrollees

_2/ Based on official VHA Projections; interpolated from EO Sept Projections

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